



**Administration for Community Living**

Administration on Aging

National Ombudsman Resource Center

HHS-2014-ACL-AOA-OM-0071

Application Due Date: 05/16/2014

National Ombudsman Resource Center

HHS-2014-ACL-AOA-OM-0071

TABLE OF CONTENTS

Overview

Executive Summary

I. [Funding Opportunity Description](#)

II. [Award Information](#)

III. [Eligibility Information](#)

1. Eligible Applicants
2. Cost Sharing or Matching
3. Responsiveness and Screening Criteria

IV. Application and Submission Information

1. [Address to Request Application Package](#)
2. [Content and Form of Application Submission](#)
3. [Submission Dates and Times](#)
4. [Intergovernmental Review](#)
5. [Funding Restrictions](#)
6. [Other Submission Requirements](#)

V. [Application Review Information](#)

1. Criteria
2. Review and Selection Process
3. Anticipated Announcement Award Date

VI. [Award Administration Information](#)

1. Award Notices
2. Administrative and National Policy Requirements
3. Reporting
4. FFATA and FSRS Reporting

VII. [Agency Contacts](#)

VIII. [Other Information](#)

**Department of Health & Human Services  
Administration for Community Living**

**ACL Center:** Administration on Aging  
**Funding Opportunity Title:** National Ombudsman Resource Center  
**Announcement Type:** Initial  
**Funding Opportunity Number:** HHS-2014-ACL-AOA-OM-0071  
**Primary CFDA Number:** 93.048  
**Due Date for Applications:** 05/16/2014  
**Date for Informational Conference Call:** N/A

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or, with <http://www.grants.gov>. Grants.gov can take up to 48 hours to notify you of a successful submission.

## **Executive Summary**

The Administration for Community Living (ACL) will hold a competition for a cooperative agreement to operate the National Long-Term Care Ombudsman Resource Center. The award is a cooperative agreement because ACL will be involved substantially in the project. The cooperative agreement will provide for training, technical assistance and support to the States' Offices of Long-Term Care Ombudsman Programs, including local ombudsmen, in every State, Territory, and the District of Columbia. The accompanying set of materials includes a description of the priority areas and all the instructions necessary to prepare and submit a grant proposal to compete for the award.

## **I. Funding Opportunity Description**

The overall Center goals for the new grant cycle will be to: (1) enhance the skills, knowledge, and management capacity of State Long-Term Care Ombudsman programs to enable them to effectively respond to residents' complaints and represent their interests on both an individual and systemic level; and (2) strengthen this Older Americans Act core program by developing innovative, effective approaches for states to provide Long-Term Care Ombudsman Program services to long-term care facility residents. To achieve these goals, the Center will be expected to:

- Provide consultation and information and referral for ombudsmen and for the residents, families, and others who use ombudsman services;
- Provide training opportunities and training resources to state and local ombudsman programs in an accessible, user-friendly format (i.e. webinars, on-line modules) in order to meet the increasing demand for technical assistance and utilize technology to enhance efficient use of Center funds;
- Conduct on-going evaluation of these training opportunities;
- Promote public awareness of the role of ombudsmen in long-term care;
- Improve ombudsmen effectiveness in meeting the needs of residents, including those in board and

care and assisted living settings and those supported through Medicaid waiver and managed care programs;

- Identify research needs and promoting and disseminating research on issues which effect the ombudsman programs or their constituents;

- Support the ombudsmen volunteer component through work with national or statewide efforts to recruit, train and manage volunteers for the program;

- Work cooperatively with organizations and agencies, such as Protection and Advocacy systems, which have as their mission the promotion of rights and protection of individuals living with disabilities and others who reside in long-term care settings;

- Promote understanding and cooperation between ombudsman programs and consumer advocacy and self-advocacy groups;

- Operate a website which provides:

1. Updated resources and timely information to ombudsmen, including an accessible, user-friendly presentation of training materials, on-line curriculum modules, webinars, etc.

2. Information to the public about the Ombudsman Program, including updated contact information for State and local ombudsman programs and other relevant agencies;

- Conduct an analysis, training and technical assistance on the quality assurance role of long-term care ombudsmen in: (1) supporting quality of care and quality of life for residents of nursing homes; (2) supporting quality of care and quality of life for residents of residential home and community-based settings (i.e. assisted living and board and care homes); and (3) enhancing successful transitions out of nursing homes into home and community based services. Potential topic areas include training and technical assistance to ensure that grantees are equipped with the tools and information to operate their program including Emergency Preparation and Response; and training and best practices on Ombudsman data collection and other areas identified by the grantee and state long-term care ombudsmen;

- Identify and analyze state policies and management practices to be used as the basis for establishing best practices and/or targeted technical assistance related to effective Long-Term Care Ombudsman Program services. Examples include: providing ombudsman services to Tribal elders living in long-term care facilities and developing strategies to improve care in poor performing facilities;

- Support of long-term care ombudsman involvement in culture change practices in long-term care facilities, including ombudsman education of consumers and direct care staff to enhance implementation of the Centers for Medicare and Medicaid Services (CMS) initiatives. Such initiatives include the reduction of inappropriate use of anti-psychotic drugs; abuse prevention, identification and reporting, and person-centered dementia care practices in nursing homes; and Medicaid Home and Community Based Services waiver implementation in assisted living and board and care settings.

- Support the development of specialized training for long-term care ombudsman programs on ways to support advance care planning which includes: (i.) Researching current training best practices and partner with entities that have developed training modules on the general topic; and (ii.) Developing an on-line training module and toolkit customized to the long-term care ombudsman role and focused on:

- a. Enabling long-term care facility residents to understand and access palliative and hospice care, with special focus on assisted living and board and care settings;

b. Supporting and resolving problems with residents in relation to advance care planning

This objective will be supported with approximately \$25,000 from the year one funding.

The Center will be evaluated on accomplishment of these activities. Outcomes will be measured by the degree to which ombudsmen indicate the Center's activities assist them in carrying out their responsibilities under the OAA.

## Statutory Authority

The statutory authority for grants under this Program Announcement is contained in Title II, Section 202(18)(A) and Title IV of the Older Americans Act (OAA) (42 U.S.C. 3032), as amended by the Older Americans Act Amendments of 2006, P.L. 109-365. (Catalog of Federal Domestic Assistance 93.048, Title IV Discretionary Projects).

## II. Award Information

Funding Instrument Type:	Cooperative Agreement
Estimated Total Funding:	\$541,407
Expected Number of Awards:	1
Award Ceiling:	\$541,407 Per Budget Period
Award Floor:	\$541,407 Per Budget Period
Average Projected Award Amount:	\$541,407 Per Budget Period

36-month project with three 12-month budget periods

ACL plans to fund one Center at \$541,407 in year one and up to \$516,407 in years two and three for a total project period of 3 years (see instructions on ACL match requirement in Section III). Applications for continuation funding of the Center beyond the initial budget period will be reviewed on a non-competitive basis, subject to the availability of funds. Non-competitive continuations will be contingent on satisfactory progress of the grantee and an ACL determination that continued funding will be in the best interest of the government.

This is a new cooperative agreement. ACL will be substantially involved in the Center's activities (as listed in Section I of the Funding Opportunity Description) by reviewing technical assistance products and participating in planning and training activities, which will be determined by the needs and priorities of State long-term care ombudsman programs and input from ACL. The cooperative agreement will include the following terms:

The Center grantee will provide:

- a. direct training and training materials to enhance ombudsman skills;
- b. specific products and forums that provide resources on program management and important long-term care topics;
- c. daily technical assistance, information and referral services on program management, program

promotion, training and pertinent national and state long-term care issues;

d. promotion of the ombudsman program; and

e. collaborative efforts to strengthen ombudsman involvement in state and national initiatives.

- The Center will maintain a website to provide technical assistance to state and local ombudsmen and information for the public about the ombudsman program and how to contact state and local ombudsmen.

- The Center will provide ACL a period of three weeks, prior to their release and/or publication, to review and comment upon all materials, reports, documents, etc. produced by the Center with funds provided through this award.

- The Center will provide electronic copies of all document drafts and its semi-annual and final reports to facilitate ACL review. Grantees will be required to submit and upload documentation to the notes section of grantsolutions, the electronic ACL grants system.

ACL will perform the following tasks:

- ACL will work cooperatively in the development and execution of the activities of the Center.

- ACL will work with the Center to clarify any issues to be addressed by the Center and to review the Center proposed work plan for each year of the project. Any changes in the final work plan will require agreement of both parties.

- ACL will assist the Center to understand the policy concerns and/or priorities of the Administrator for the Administration for Community Living by conducting periodic briefings and by carrying out ongoing consultations. ACL will also share with the Center information about other Federally-supported projects and activities relevant to the Center's scope of work and ensure there is no duplication of effort with other ACL funded activities.

- ACL will meet with the Center Director each quarter, or at such other times as are required, to improve the effectiveness of the activities carried out under the Agreement.

Once a cooperative agreement is in place, requests to modify or amend it or the work plan may be made by ACL or the awardee at any time. Modifications and/or amendments of the Cooperative Agreement or work plan shall be effective upon the mutual agreement of both parties, except where ACL is authorized under the Terms and Conditions of award, 45 CFR Part 74 or 92, or other applicable regulation or statute to make unilateral amendments. When an award is issued the cooperative agreement terms and conditions from the program announcement are incorporated by reference.

### **III. Eligibility Information**

## 1. Eligible Applicants

Domestic public or private non-profit entities including state and local governments, Indian tribal governments and organizations (American Indian/Alaskan Native/Native American), faith-based organizations, community-based organizations, hospitals, and institutions of higher education

## 2. Cost Sharing or Matching

Cost Sharing / Matching Requirement: Yes

Under this ACL program, ACL will fund no more than 75% of the project's total cost, which means the applicant must cover at least 25% of the project's total cost with non-Federal resources. In other words, for every three (3) dollars received in Federal funding, the applicant must contribute at least one (1) dollar in non-Federal resources toward the project's total cost. This "three-to-one" ratio is reflected in the formula included under Item 18 in the "Instructions for Completing Requested Forms." You can use this formula to calculate your minimum required match. A common error applicants make is to match 25% of the Federal share, rather than 25% of the project's total cost.

There are two types of match: 1) non-Federal cash and 2) non-Federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered matching funds. Volunteered time and use of facilities to hold meetings or conduct project activities may be considered in-kind (thirdparty) donations. Examples of non-Federal cash match includes budgetary funds provided from the applicant agency's budget for costs associated with the project. ACL encourages you to not exceed the minimum match requirement. Applications with a match greater than the minimum required will not receive additional consideration under the review. Match is not one of the responsiveness criteria as noted in Section III, Application Screening Criteria.

## 3. Responsiveness and Screening Criteria

### Application Responsiveness Criteria

Applications that do not meet the following responsiveness criteria will be administratively eliminated and will not be reviewed.

The successful applicants for the National Long-Term Care Resource Center will be an organization that meets the following criteria:

1. Demonstrated capability of providing leadership, training, and technical assistance to the nationwide long-term care ombudsman network.
2. Demonstrated experience working with state and local long-term care ombudsman programs, state aging agencies, and other aging service provider organizations.
3. The capacity to deliver value added technical assistance to each of the current ACL state long-term care ombudsman grantees.
4. Provides a project director for this project who is a national leader in the area of long-term care consumer advocacy and will work full time on the project.

## Application Screening Criteria

All applications **will** be screened to assure a level playing field for all applicants. Applications that fail to meet the three screening criteria described below will **not** be reviewed and will receive no further consideration.

In order for an application to be reviewed, it must meet the following screening requirements:

1. Applications must be submitted electronically via <http://www.grants.gov> by 11:59 p.m., Eastern Time, by the **due date listed in section IV.3 Submission Dates and Times**.
2. The Project Narrative section of the Application must be **double-spaced**, on 8 ½" x 11" plain white paper with **1" margins** on both sides, and a **standard font size of not less than 11, preferably Times New Roman or Arial**.
3. The Project Narrative must not exceed 20 pages. **Project Narratives that exceed 20 pages** will have the additional pages removed and only the first 20 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. NOTE: The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel **are not counted** as part of the Project Narrative for purposes of the 20-page limit.

Unsuccessful submissions will require authenticated verification from <http://www.grants.gov> indicating system problems existed at the time of your submission. For example, you will be required to provide an <http://www.grants.gov> submission error notification and/or tracking number in order to substantiate missing the application deadline.

## IV. Application and Submission Information

### 1. Address to Request Application Package

Application materials can be obtained from <http://www.grants.gov> or [http://www.acl.gov/Funding\\_Opportunities/Announcements/Index.aspx](http://www.acl.gov/Funding_Opportunities/Announcements/Index.aspx).

Please note, ACL is requiring applications for all announcements to be submitted electronically through <http://www.grants.gov>. The Grants.gov (<http://www.grants.gov>) registration process can take several days. If your organization is not currently registered with <http://www.grants.gov>, please begin this process immediately. **For assistance with <http://www.grants.gov>, please contact them at [support@grants.gov](mailto:support@grants.gov) or 1-800-518-4726 between 7 a.m. and 9 p.m. Eastern Time.** At <http://www.grants.gov>, you will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website (<http://www.grants.gov>).

Applications submitted via <http://www.grants.gov>:

- You may access the electronic application for this program on <http://www.grants.gov>. You must search the downloadable application page by the Funding Opportunity Number or CFDA number.
- At the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. ACL strongly recommends that you do not wait until the application due date to begin the application process through <http://www.grants.gov> because of the time involved to complete the registration process.
- All applicants must have a DUNS number ([www.dnb.com](http://www.dnb.com)) and be registered with the System for Award Management (SAM, [www.sam.gov](http://www.sam.gov)) and maintain an active SAM registration until the application process is complete, and should a grant be made, throughout the life of the award. Finalize a new, or renew an existing, registration at least two weeks before the application deadline. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at: <https://www.sam.gov/sam/transcript/>



deadline. See the SAM Quick Guide for Grantees at: [https://www.sam.gov/sam/transcript/SAM\\_Quick\\_Guide\\_Grants\\_Registrations-v1.6.pdf](https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf)

- HHS requires all entities that plan to apply for, and ultimately receive, federal grant funds from any HHS Agency, or receive sub-awards directly from recipients of those grant funds to:
  - Be registered in the SAM prior to submitting an application or plan;
  - Maintain an active SAM registration with current information at all times during
  - which it has an active award or an application or plan under consideration by an
  - OPDIV; and
  - Provide its active DUNS number in each application or plan it submits to the OPDIV.
- The agency is prohibited from making an award until an applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the agency:
  - May determine that the applicant is not qualified to receive an award; and
  - May use that determination as a basis for making an award to another applicant.
- **Note:** Failure to submit the correct suffix can lead to delays in identifying your organization and access to funding in the Payment Management System.
- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive Federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) **or receive subawards directly from the recipients of those grant funds** to be:
  1. Be registered in SAM prior to submitting an application or plan;
  2. Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
  3. Provide its DUNS number in each application or plan it submits to the OPDIV.

An award cannot be made until the applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the OPDIV/STAFFDIV:

- May be determined that the applicant is not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Additionally, all first-tier subaward recipients must have a DUNS number at the time the subaward is made.

- Since October 1, 2003, The Office of Management and Budget has required applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is entered on the SF 424. It is a unique, **nine-digit identification number**, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.
- Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link to access a guide: [http://www.whitehouse.gov/sites/default/files/omb/grants/duns\\_num\\_guide.pdf](http://www.whitehouse.gov/sites/default/files/omb/grants/duns_num_guide.pdf).
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- Prior to application submission, Microsoft Vista and Office 2007 users should review the <http://www.grants.gov> compatibility information and submission instructions provided at <http://www.grants.gov> (click on “**Vista and Microsoft Office 2007 Compatibility Information**”).
- **Your application must comply with any page limitation requirements described in this Program Announcement.**

### **Program Announcement.**

- After you electronically submit your application, you will receive an automatic acknowledgement from <http://www.grants.gov> that contains <http://www.grants.gov> tracking number. The Administration for Community Living will retrieve your application form from <http://www.grants.gov>.
- After the Administration for Community Living retrieves your application form from <http://www.grants.gov>, a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by <http://www.grants.gov>.
- Each year organizations applying for Federal grants through <http://www.grants.gov> need to register or update their registration with the System for Award Management (SAM) [Formerly the Central Contractor Registry (CCR)]. You can complete the initial registration on [www.SAM.gov](http://www.SAM.gov) in three days; however, you must update your registration on [www.SAM.gov](http://www.SAM.gov) every year, which can take five days. When you register, or update your registration on [www.SAM.gov](http://www.SAM.gov), you must have your DUNS number and other information about your organization available.
- To keep your SAM.gov registration active, be sure to renew at least once each year. If your registration expires you cannot submit a grant application until it is renewed.

### **Contact person regarding this Program Announcement:**

U.S. Department of Health and Human Services

Administration for Community Living

Louise Ryan

Administration for Community Living

Phone Number: (202) 357-3503

E-mail: [louise.ryan@aoa.hhs.gov](mailto:louise.ryan@aoa.hhs.gov)

## **2. Content and Form of Application Submission**

### **a. Letter of Intent**

### **b. Project Narrative**

The Project Narrative must be double-spaced, on 8 ½" x 11" paper with 1" margins on both sides, and a standard font size of not less than 11, preferably Times New Roman or Arial. You can use smaller font sizes to fill in the Standard Forms and Sample Formats. The suggested length for the Project Narrative is ten to twenty pages; twenty pages is the maximum length allowed. Project Narratives that exceed 20 pages will have the additional pages removed and only the first 20 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. The Project Work Plan, Letters of Commitment, and Vitae of Key Personnel are not counted as part of the Project Narrative for purposes of the 20-page limit, but all of the other sections noted below are included in the limit.

The components of the Project Narrative counted as part of the 20 page limit include:

Summary/Abstract

Problem Statement

Goal(s) and Objective(s)

Proposed Intervention

Special Target Populations and Organizations

Outcomes

Project Management

Evaluation

Dissemination

Organizational Capability

The Project Narrative is the most important part of the application, since it will be used as the primary

basis to determine whether or not your project meets the minimum requirements for grants under the authorizing statutes. The Project Narrative should provide a clear and concise description of your project. ACL recommends that your project narrative include the following components:

### **Summary/Abstract**

This section should include a brief - no more than 265 words maximum - description of the proposed project, including: goal(s), objectives, outcomes, and products to be developed. Detailed instructions for completing the summary/abstract are included in the “Instructions for Completing the Project Summary/Abstract.”

### **Problem Statement**

This section should describe, in both quantitative and qualitative terms, the nature and scope of the particular problem or issue the proposed intervention is designed to address, including how the project will potentially affect the elderly population and/or their caregivers (including specific subgroups within those populations), and possibly the health care and social services systems (e.g., the use of health care and/or nursing home services.)

### **Goals and Objectives**

This section should consist of a description of the project’s goal(s) and major objectives. Unless the project involves multiple, complex interventions, we recommend you have only one overall goal.

### **Proposed Intervention**

This section should provide a clear and concise description of the intervention you are proposing to use to address the problem described in the “Problem Statement”. You should also describe the rationale for using the particular intervention, including factors such as: “lessons learned” for similar projects previously tested in your community, or in other areas of the country; factors in the larger environment that have created the “right conditions” for the intervention (e.g., existing social, economic or political factors that you’ll be able to take advantage of, etc.). Also note any major barriers you anticipate encountering, and how your project will be able to overcome those barriers. Be sure to describe the role and makeup of any strategic partnerships you plan to involve in implementing the intervention, including other organizations, supporters, and/or consumer groups.

### **Special Target Populations and Organizations**

This section should describe how you plan to involve community-based organizations in a meaningful way in the planning and implementation of the proposal project. This section should also describe how the proposed intervention will target disadvantaged populations, including limited-English speaking populations.

### **Outcomes**

This section of the project narrative must clearly identify the measurable outcome(s) that will result from the project. (**NOTE: ACL will not fund any project that does not include measurable outcomes**). This section should also describe how the project’s findings might benefit the field at large, (e.g., how the findings could help other organizations throughout the nation to address the same or similar problems.) List measurable outcomes in the optional work plan grid (“Project Work Plan – Sample Template”) under “Measurable Outcomes” in addition to any discussion included in the narrative along with a description of how the project might benefit the field at large.

A “measurable outcome” is an observable end-result that describes how a particular intervention benefits

consumers. It demonstrates the functional status, mental well-being, knowledge, skill, attitude, awareness or behavior.) It can also describe a change in the degree to which consumers exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness or cost-effectiveness of a service delivery system; a new model of support or care that can be replicated in the aging network; new knowledge that can contribute to the field of aging; a measurable increase in community awareness; or a measurable increase in persons receiving services. A measurable outcome is not a measurable “output”, such as: the number of clients served; the number of training sessions held; or the number of service units provided.

You should keep the focus of this section on describing what outcome(s) will be produced by the project. You should use the Evaluation section noted below to describe how the outcome(s) will be measured and reported.

Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited. It is totally appropriate for a project to have only ONE outcome that it is trying to achieve through the intervention reflected in the project’s design.

### **Project Management**

This section should include a clear delineation of the roles and responsibilities of project staff, consultants and partner organizations, and how they will contribute to achieving the project’s objectives and outcomes. It should specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project’s on-going progress, preparation of reports; communications with other partners and ACL. It should also describe the approach that will be used to monitor and track progress on the project’s tasks and objectives.

### **Evaluation**

This section should describe the method(s), techniques and tools that will be used to: 1) determine whether or not the proposed intervention achieved its anticipated outcome(s), and 2) document the “lessons learned” – both positive and negative - from the project that will be useful to people interested in replicating the intervention, if it proves successful.

### **Dissemination**

This section should describe the method that will be used to disseminate the project’s results and findings in a timely manner and in easily understandable formats, to parties who might be interested in using the results of the project to inform practice, service delivery, program development, and/or policy-making, including and especially those parties who would be interested in replicating the project.

### **Organizational Capacity Statement**

Each application should include an organizational capability statement and vitae for key project personnel. The organizational capability statement should describe how the applicant agency (or the particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work and/or the capabilities it possesses. It should also include the organization’s capability to sustain some or all project activities after Federal financial assistance has ended.

This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant experience and/or the record of the project team in preparing cogent and useful reports, publications, and other products. If appropriate, include an organization chart showing the relationship of the project to the current organization. Please attach short vitae for key project staff only. Neither vitas nor an organizational chart will count towards the narrative page limit. Also include information about any contractual organization(s) that will have a significant role(s) in implementing project and achieving project goals.

### **c. Work Plan**

The Project Work Plan should reflect and be consistent with the Project Narrative and Budget and should cover all three (3) years of the project period. It should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks / action steps that will be pursued to achieve the goal and outcome(s). For each major task / action step, the work plan should identify timeframes involved (including start- and end-dates), and the lead person responsible for completing the task. Please use the "Project Work Plan - Sample Template" format as a reference and resource, if desired.

### **d. Letters of Commitment from Key Participating Organizations and Agencies**

Include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations and agencies in this part of the application. Any organization that is specifically named to have a significant role in carrying out the project should be considered an essential collaborator. For applications submitted electronically via <http://www.grants.gov>, signed letters of commitment should be scanned and included as attachments. Applicants unable to scan the signed letters of commitment may fax them to the ACL Office of Grants Management at 202-357-3467 by the application submission deadline. In your fax, be sure to include the funding opportunity number and your agency name.

### **e. Budget Narrative/Justification**

The Budget Narrative/Justification can be provided using the format included in the document, "Budget Narrative/Justification – Sample Format." Applicants are encouraged to pay particular attention to this document, which provides an example of the level of detail sought. A combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding is required

### **3. Submission Dates and Times**

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or, with <http://www.grants.gov>. Grants.gov can take up to 48 hours to notify you of a successful submission.

Unsuccessful submissions will require authenticated verification from <http://www.grants.gov> indicating system problems existed at the time of your submission. For example, you will be required to provide an <http://www.grants.gov> submission error notification and/or tracking number in order to substantiate missing the cut off date.

Grants.gov (<http://www.grants.gov>) will automatically send applicants a tracking number and date of receipt verification electronically once the application has been successfully received and validated in <http://www.grants.gov>.

Due Date for Applications: **05/16/2014**

### **4. Intergovernmental Review**

This funding opportunity announcement is not subject to the requirements of Executive Order 12372, "Intergovernmental Review of Federal Programs."

## 5. Funding Restrictions

The following activities are not fundable:

- Construction and/or major rehabilitation of buildings
- Basic research (e.g. scientific or medical experiments)
- Continuation of existing projects without expansion or new and innovative approaches

**Note:** A recent Government Accountability Office (GAO) report number 11-43, has raised considerable concerns about grantees and contractors charging the Federal government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. Executive Orders on Promoting Efficient Spending (EO 13589) and Delivering Efficient, Effective and Accountable Government (EO 13576) have been issued and instruct Federal agencies to promote efficient spending. Therefore, if meals are to be charged in your proposal, applicants should understand such costs must meet the following criteria outlined in the Executive Orders and HHS Grants Policy Statement:

- *Meals are generally unallowable except for the following:*
  - *For subjects and patients under study (usually a research program);*
  - *Where specifically approved as part of the project or program activity, e.g., in programs providing children's services (e.g., Headstart);*
  - *When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement;*
  - *As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and*
  - *Under a conference grant, when meals are a necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem or subsistence allowances. (Note: conference grant means the sole purpose of the award is to hold a conference)*

## 6. Other Submission Requirements

## V. Application Review Information

### 1. Criteria

Applications are scored by assigning a maximum of 100 points across five criteria:

- a. Project Relevance & Current Need
- b. Approach
- c. Budget
- d. Project Impact
- e. Organizational Capacity

**Project Relevance & Current Need**

**Maximum Points:**

**Approach**

**Maximum Points:**

**Budget**

**Maximum Points:**

**Project Impact****Maximum Points:****Organizational Capacity****Maximum Points:****2. Review and Selection Process**

An independent review panel of at least three individuals will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their field, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

Final award decisions will be made by the Administrator of the Administration for Community Living. In making these decisions, the ASA will take into consideration: recommendations of the review panel; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; and the likelihood that the proposed project will result in the benefits expected.

**3. Anticipated Announcement Award Date****VI. Award Administration Information****1. Award Notices**

Successful applicants will receive an electronic Notice of Award. The Notice of Award is the authorizing document from the U.S. Administration for Community Living authorizing official, Office of Grants Management, and the ACL Office of Budget and Finance. Acceptance of this award is signified by the drawdown of funds from the Payment Management System. Unsuccessful applicants are generally notified within 30 days of the final funding decision and will receive a disapproval letter via e-mail or U.S. mail. Unless indicated otherwise in this announcement, unsuccessful applications will not be retained by the agency and destroyed.

**2. Administrative and National Policy Requirements**

The award is subject to DHHS Administrative Requirements, which can be found in 45CFR Part 74 and 92 and the Standard Terms and Conditions, included in the Notice of Award as well as implemented through the HHS Grants Policy Statement located at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>.

A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that applies to the terms of 48 CFR section 3.908 to the award, and requires the grantees inform their employee in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

**3. Reporting**



Effective March 1, 2011, ACL requires the submission of the SF-425 (Federal Financial Report). The reporting cycle will be reflected in the Notice of Award. The ACL program progress report is due semi-annually from the start date of the award and is due within 30 days of the reporting period end date. The final progress report and SF-425 reports are due 90 days after the end of the project period.

#### **4. FFATA and FSRS Reporting**

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<http://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

For further guidance please see the following link:

[http://www.acl.gov/Funding\\_Opportunities/Grantee\\_Info/FFATA.aspx](http://www.acl.gov/Funding_Opportunities/Grantee_Info/FFATA.aspx)

### **VII. Agency Contacts**

#### **Project Officer:**

U.S. Department of Health and Human Services  
Administration for Community Living  
Louise Ryan  
Administration for Community Living  
Phone Number: (202) 357-3503  
E-mail: [louise.ryan@aoa.hhs.gov](mailto:louise.ryan@aoa.hhs.gov)

#### **Grants Management Specialist:**

U.S. Department of Health and Human Services  
Administration for Community Living  
Sean Lewis  
Health & Human Services  
E-mail: [sean.lewis@aoa.hhs.gov](mailto:sean.lewis@aoa.hhs.gov)

### **VIII. Other Information**

#### **1. Application Elements**

- a. SF 424, required – Application for Federal Assistance (See “Instructions for Completing Required Forms” for assistance).
- b. SF 424A, required – Budget Information. (See Attachment A for Instructions; See “Standard Form 424A – Sample Format” for an example of a completed SF 424A).
- c. Separate Budget Narrative/Justification, required (See “Budget Narrative/Justification - Sample Format” for examples and “Budget Narrative/Justification – Sample Template.”)

NOTE: Applicants requesting funding for multi-year grant projects are REQUIRED to provide a Narrative/Justification for each year of potential grant funding, as well as a combined multi-year detailed Budget Narrative/Justification.

- d. SF 424B – Assurance, required. Note: Be sure to complete this form according to instructions and have



it signed and dated by the authorized representative (see item 18d on the SF 424).

e. Lobbying Certification, required

f. Proof of non-profit status, if applicable

g. Copy of the applicant's most recent indirect cost agreement, if requesting indirect costs. If any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.

h. Project Narrative with Work Plan, required (See “Project Work Plan – Sample Template” for a formatting suggestions).

i. Organizational Capability Statement and Vitae for Key Project Personnel.

j. Letters of Commitment from Key Partners, if applicable.

## **2. The Paperwork Reduction Act of 1995 (P.L. 104-13)**

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The project description and Budget Narrative/Justification is approved under OMB control number 0985-0018 which expires on 3/12/17. Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information.

### **Instructions for Completing Required Forms**

This section provides step-by-step instructions for completing the four (4) standard Federal forms required as part of your grant application, including special instructions for completing Standard Budget Forms 424 and 424A. Standard Forms 424 and 424A are used for a wide variety of Federal grant programs, and Federal agencies have the discretion to require some or all of the information on these forms. ACL does not require all the information on these Standard Forms. Accordingly, please use the instructions below in lieu of the standard instructions attached to SF 424 and 424A to complete these forms.

#### **a. Standard Form 424**

**1. Type of Submission:** (REQUIRED): Select one type of submission in accordance with agency instructions.

- Preapplication
- Application
- Changed/Corrected Application – If ACL requests, check if this submission is to change or correct a previously submitted application.

**2. Type of Application:** (REQUIRED) Select one type of application in accordance with agency instructions.

- New
- Continuation
- Revision

**3. Date Received:** Leave this field blank.

**4. Applicant Identifier:** Leave this field blank

**5a Federal Entity Identifier:** Leave this field blank

**5b. Federal Award Identifier:** For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award (grant) number.

**6. Date Received by State:** Leave this field blank.

**7. State Application Identifier:** Leave this field blank.

**8. Applicant Information:** Enter the following in accordance with agency instructions:

**a. Legal Name:** (REQUIRED): Enter the name that the organization has registered with the System for Award Management (SAM), formally the Central Contractor Registry. Information on registering with SAM may be obtained by visiting the Grants.gov website (<http://www.grants.gov>) or by going directly to the SAM website ([www.sam.gov](http://www.sam.gov)).

**b. Employer/Taxpayer Number (EIN/TIN):** (REQUIRED): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. In addition, we encourage the organization to include the correct suffix used to identify your organization in order to properly align access to the Payment Management System.

**c. Organizational DUNS:** (REQUIRED) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website (<http://www.grants.gov>). Your DUNS number can be verified at [www2.zapdata.com/CompanyLookup.do](http://www2.zapdata.com/CompanyLookup.do).

**d. Address:** (REQUIRED) Enter the complete address including the county.

**e. Organizational Unit:** Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the project.

**f. Name and contact information of person to be contacted on matters involving this application:** Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.

**9. Type of Applicant:** (REQUIRED) Select the applicant organization "type" from the following drop down list.

A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)

**10. Name Of Federal Agency:** (REQUIRED) Enter U.S. Administration for Community Living

**11. Catalog Of Federal Domestic Assistance Number/Title:** The CFDA number can be found on page one of the Program Announcement.

**12. Funding Opportunity Number/Title:** (REQUIRED) The Funding Opportunity Number and title of the opportunity can be found on page one of the Program Announcement.

**13. Competition Identification Number/Title:** Leave this field blank.

**14. Areas Affected By Project:** List the largest political entity affected (cities, counties, state etc).

**15. Descriptive Title of Applicant's Project:** (REQUIRED) Enter a brief descriptive title of the project (This is not a narrative description).

**16. Congressional Districts Of:** (REQUIRED) 16a. Enter the applicant's Congressional District, and 16b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. See the below website to find your congressional district:

<http://www.house.gov/Welcome.shtml>

**17. Proposed Project Start and End Dates:** (REQUIRED) Enter the proposed start date and final end date of the project. **If you are applying for a multi-year grant, such as a 3 year grant project, the final project end date will be 3 years after the proposed start date.** In general, all start dates on the SF424 should be the 1st of the month and the end date of the last day of the month of the final year, for example 7/01/2014 to 6/30/2017. The Grants Officer can alter the start and end date at their discretion.

**18. Estimated Funding:** (REQUIRED) If requesting multi-year funding, enter the full amount requested from the Federal Government in line item 18.a., as a multi-year total. For example and illustrative purposes only, if year one is \$100,000, year two is \$100,000, and year three is \$100,000, then the full amount of Federal funds requested would be reflected as \$300,000. The amount of matching funds is denoted by lines b. through f. with a combined Federal and non-Federal total entered on line g. Lines b. through f. represents contributions to the project by the applicant and by your partners during the total project period, broken down by each type of contributor. The value of in-kind contributions should be included on appropriate lines, as applicable.

**NOTE:** Applicants should review cost sharing or matching principles contained in Subpart C of 45 CFR Part 74 or 45 CFR Part 92 before completing Item 18 and the Budget Information Sections A, B and C noted below.

All budget information entered under item 18 should cover the total project period. For sub-item 18a, enter the Federal funds being requested. Sub-items 18b-18e is considered matching funds. The dollar amounts entered in sub-items 18b-18f must total at least 1/3rd of the amount of Federal funds being requested (the amount in 18a). For a full explanation of ACL's match requirements, see the information in the box below. For sub-item 18f (program income), enter only the amount, if any, that is going to be used as part of the required match. Program Income submitted as match will become a part of the award match and recipients will be held accountable to meet their share of project expenses even if program income is not generated during the award period.

There are two types of match: 1) non-Federal cash and 2) non-Federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered **matching funds**. Examples of **non-Federal cash match** includes budgetary funds provided from the applicant agency's budget for costs associated with the project. Generally, most contributions from sub-contractors or sub-grantees (third parties) will be non-Federal in-kind matching funds. Volunteered time and use of third party facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations.

**NOTE: Indirect charges** may only be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another Federal agency; or (2) the applicant is a state or local government agency. State governments should enter the amount of indirect costs determined in accordance with DHHS requirements. **If indirect costs are to be included in the application, a copy of the approved indirect cost agreement must be included with the application. Further, if any sub-contractors or sub-grantees are requesting indirect costs, a copy of the latest approved indirect cost agreements must also be included with the application, or reference to an approved cost allocation plan.**

### ACL's Match Requirement

Under many ACL programs, ACL will fund no more than 75 % of the **project's total cost**, which means the applicant must cover at least 25% of the **project's total cost** with non-Federal resources. In other words, for every three (3) dollars received in Federal funding, the applicant must contribute at least one (1) dollar in non-Federal resources toward the project's total cost (i.e., the amount on line 18g.). This "three-to-one" ratio is reflected in the following formula which you can use to calculate your **minimum** required match:

$$\frac{\text{Federal Funds Requested} * \text{Match Percentage}}{\text{Inverse Match Percentage}} = \text{Minimum Match Requirement}$$

#### Examples of varying match levels:

1)  $\frac{\$100,000 \text{ (federal funds requested)} * 5\% \text{ (match)}}{95\%} = \$5,263$

95%

2)  $\frac{\$100,000 * 25\% \text{ (match)}}{75\%} = \$33,333$

75%

3)  $\frac{\$100,000 * 35\% \text{ (match)}}{65\%} = \$53,846$

65%

4)  $\frac{\$100,000 * 45\% \text{ (match)}}{55\%} = \$81,818$

55%

**If the required non-Federal share is not provided by the completion date of the funded project period, ACL will reduce the Federal dollars awarded when closing out the award to meet the match percentage, which may result in a requirement to return Federal funds.**

19. **Is Application Subject to Review by State Under Executive Order 12372 Process?** Check c. Program is not covered by E.O. 12372

20. **Is the Applicant Delinquent on any Federal Debt?** (Required) This question applies to the applicant organization, not the person who signs as the authorized representative. If yes, include an explanation on the continuation sheet.

21. **Authorized Representative:** (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

**Standard Form 424A**

NOTE: Standard Form 424A is designed to accommodate applications for multiple grant programs; thus, for purposes of this ACL program, many of the budget item columns and rows are not applicable. You should only consider and respond to the budget items for which guidance is provided below. Unless otherwise indicated, the SF 424A should reflect a multi-year budget. See Attachment B. **Section A Budget Summary**

### **Section A - Budget Summary**

**Line 5:** Leave columns (c) and (d) blank. Enter TOTAL Federal costs in column (e) and total nonFederal costs (including third party in-kind contributions and any program income to be used as part of the grantee match) in column (f). Enter the sum of columns (e) and (f) in column (g).

### **Section B Budget Categories**

Column 1: Enter the breakdown of how you plan to use the Federal funds being requested by object class category (see instructions for each object class category in Attachment C).

Column 2: Enter the breakdown of how you plan to use the non-Federal share by object class category.

Column 5: Enter the total funds required for the project (sum of Columns 1 and 2) by object class category.

### **Section C – Non Federal Resources**

Column A: Enter the federal grant program.

Column B: Enter in any non-federal resources that the applicant will contribute to the project.

Column C: Enter in any non-federal resources that the state will contribute to the project.

Column D: Enter in any non-federal resources that other sources will contribute to the project.

Column E: Enter the total non-federal resources for each program listed in column A.

### **Section D –Forecasted Cash Needs**

**Line 13:** Enter Federal forecasted cash needs broken down by quarter for the first year only.

**Line 14:** Enter Non-Federal forecasted cash needs broken down by quarter for the first year.

Line 15: Enter total forecasted cash needs broken down by quarter for the first year.

Note: This area is not meant to be one whereby an applicant merely divides the requested funding by four and inserts that amount in each quarter but an area where thought is given as to how your estimated expenses will be incurred during each quarter. For example, if you have initial startup costs in the first quarter of your award reflect that in quarter one or you do not expect to have contracts awarded and funded until quarter three, reflect those costs in that quarter.

### **Section E – Budget Estimates of Federal Funds Needed for Balance of the Project (i.e. subsequent years 2, 3, 4 or 5 as applicable).**

Column A: Enter the federal grant program

Column B (first): Enter the requested year two funding.

Column C (second): Enter the requested year three funding.

Column D (third): Enter the requested year four funding, if applicable.

Column E (forth): Enter the requested year five funding, if applicable.

## Section F – Other Budget Information

**Line 21:** Enter the total Indirect Charges

**Line 22:** Enter the total Direct charges (calculation of indirect rate and direct charges).

**Line 23:** Enter any pertinent remarks related to the budget.

### Separate Budget Narrative/Justification Requirement

**Applicants requesting funding for multi-year grant programs are REQUIRED to provide a combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding. A separate Budget Narrative/Justification is also REQUIRED for each potential year of grant funding requested.**

For your use in developing and presenting your Budget Narrative/Justification, a sample format with examples and a blank sample template have been included in these Attachments. In your Budget Narrative/Justification, you should include a breakdown of the budgetary costs for all of the object class categories noted in Section B, across three columns: Federal; non-Federal cash; and non-Federal in-kind. Cost breakdowns, or justifications, are required for any cost of \$1,000 or for the thresholds as established in the examples. The Budget Narratives/Justifications should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Non-Federal cash as well as, sub-contractor or sub-grantee (third party) in-kind contributions designated as match must be clearly identified and explained in the Budget Narrative/Justification. The full Budget Narrative/Justification should be included in the application immediately following the SF 424 forms.

**Line 6a: Personnel:** Enter total costs of salaries and wages of applicant/grantee staff. Do not include the costs of consultants, which should be included under 6h Other.

**In the Justification:** Identify the project director, if known. Specify the key staff, their titles, and time commitments in the budget justification.

**Line 6b: Fringe Benefits:** Enter the total costs of fringe benefits unless treated as part of an approved indirect cost rate.

**In the Justification:** If the total fringe benefit rate exceeds 35% of Personnel costs, provide a breakdown of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement, etc. A percentage of 35% or less does not require a break down but you must show the percentage charged for each full/part time employee.

**Line 6c: Travel:** Enter total costs of all travel (local and non-local) for staff on the project. NEW: Local travel is considered under this cost item not under Other. Local transportation (all travel which does not require per diem is considered local travel). Do not enter costs for consultant's travel - this should be included in line 6h.

**In the Justification:** Include the total number of trips, number of travelers, destinations, purpose (e.g., attend conference), length of stay, subsistence allowances (per diem), and transportation costs (including mileage rates).

**Line 6d: Equipment:** Enter the total costs of all equipment to be acquired by the project. For all grantees, "equipment" is nonexpendable tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. If the item does not meet the \$5,000 threshold, include it in your budget under Supplies, line 6e.

**In the Justification:** Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The equipment must be used for project-related functions. Further, the purchase of specific items of equipment should not be included in the submitted budget if those items of equipment, or a reasonable facsimile, are otherwise available to the applicant or its subgrantees.

Line 6e: **Supplies:** Enter the total costs of all tangible expendable personal property (supplies) other than those included on line 6d.

**In the Justification:** . For any grant award that has supply costs in excess of 5% of total direct costs (Federal or Non-Federal), you must provide a detailed break down of the supply items (e.g., 6% of \$100,000 = \$6,000 – breakdown of supplies needed). If the 5% is applied against \$1 million total direct costs ( $5\% \times \$1,000,000 = \$50,000$ ) a detailed breakdown of supplies is not needed. Please note: any supply costs of \$5,000 or less regardless of total direct costs does not require a detailed budget breakdown (e.g.,  $5\% \times \$100,000 = \$5,000$  – no breakdown needed).

Line 6f: **Contractual:** Regardless of the dollar value of any contract, you must follow your established policies and procedures for procurements and meet the minimum standards established in the Code of Federal Regulations (CFR's) mentioned below. Enter the total costs of all contracts, including (1) procurement contracts (except those which belong on other lines such as equipment, supplies, etc.). Note: The 33% provision has been removed and line item budget detail is not required as long as you meet the established procurement standards. Also include any awards to organizations for the provision of technical assistance. Do not include payments to individuals on this line. Please be advised: A subrecipient is involved in financial assistance activities by receiving a sub-award and a subcontractor is involved in procurement activities by receiving a sub-contract. Through the recipient, a subrecipient performs work to accomplish the public purpose authorized by law. Generally speaking, a sub-contractor does not seek to accomplish a public benefit and does not perform substantive work on the project. It is merely a vendor providing goods or services to directly benefit the recipient, for example procuring landscaping or janitorial services. In either case, you are encouraged to clearly describe the type of work that will be accomplished and type of relationship with the lower tiered entity whether it be labeled as a subaward or subcontract.

**In the Justification:** Provide the following three items – 1) Attach a list of contractors indicating the name of the organization; 2) the purpose of the contract; and 3) the estimated dollar amount. If the name of the contractor and estimated costs are not available or have not been negotiated, indicate when this information will be available. The Federal government reserves the right to request the final executed contracts at any time. If an individual contractual item is over the small purchase threshold, currently set at \$100K in the CFR, you must certify that your procurement standards are in accordance with the policies and procedures as stated in 45 CFR 74.44 for non-profits and 92.36 for states, in lieu of providing separate detailed budgets. This certification should be referenced in the justification and attached to the budget narrative.

Line 6g: **Construction:** Leave blank since construction is not an allowable costs for this program.

Line 6h: **Other:** Enter the total of all other costs. Such costs, where applicable, may include, but are not limited to: insurance, medical and dental costs (i.e. for project volunteers this is different from personnel fringe benefits), non-contractual fees and travel paid directly to individual consultants, postage, space and equipment rentals/lease, printing and publication, computer use, training and staff development costs (i.e. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then rest assured this is where it belongs.

Note: A recent Government Accountability Office (GAO) report number 11-43, has raised considerable concerns about grantees and contractors charging the Federal government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. If meals are to be charged towards the grant they must meet the following criteria outlined in the Grants Policy Statement:

- *Meals are generally unallowable except for the following:*
- *For subjects and patients under study (usually a research program);*
- *Where specifically approved as part of the project or program activity, e.g., in programs providing children's services (e.g., Headstart);*
- *When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement;*
- *As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and*
- *Under a conference grant, when meals are a necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem or subsistence allowances (Note: the sole purpose of the grant award is to hold a conference).*

**In the Justification:** Provide a reasonable explanation for items in this category. For example, individual consultants explain the nature of services provided and the relation to activities in the work plan or indicate where it is described in the work plan. Describe the types of activities for staff development costs.

Line 6i: **Total Direct Charges:** Show the totals of Lines 6a through 6h.

Line 6j: **Indirect Charges:** Enter the total amount of indirect charges (costs), if any. If

no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency. **State governments should enter the amount of indirect costs determined in accordance with DHHS requirements.** An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. Indirect Costs can only be claimed on Federal funds, more specifically, they are to only be claimed on the Federal share of your direct costs. Any unused portion of the grantee's eligible Indirect Cost amount that are not claimed on the Federal share of direct charges can be claimed as un-reimbursed indirect charges, and that portion can be used towards meeting the recipient match.

Line 6k: **Total:** Enter the total amounts of Lines 6i and 6j.

Line 7: **Program Income:** As appropriate, include the estimated amount of income, if any, you expect to be generated from this project that you wish to designate as match (equal to the amount shown for Item 15(f) on Form 424). **Note:** Any program income indicated at the bottom of Section B and for item 15(f) on the face sheet of Form 424 will be included as part of non-Federal match and will be subject to the rules for documenting completion of this pledge. If program income is expected, but is not needed to achieve matching funds, **do not** include that portion here or on Item 15(f) of the Form 424 face sheet. Any anticipated program income that will not be applied as grantee match should be described in the Level of Effort section of the Program Narrative.

### **c. Standard Form 424B – Assurances (required)**

This form contains assurances required of applicants under the discretionary funds programs administered by the Administration for Community Living. Please note that a duly authorized representative of the applicant organization must certify that the organization is in compliance with these assurances.

### **d. Certification Regarding Lobbying (required)**

This form contains certifications that are required of the applicant organization regarding lobbying. Please note that a duly authorized representative of the applicant organization must attest to the applicant's compliance with these certifications.

### **Proof of Non-Profit Status (as applicable)**



Non-profit applicants must submit proof of non-profit status. Any of the following constitutes acceptable proof of such status:

- A copy of a currently valid IRS tax exemption certificate.
- A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.

### Indirect Cost Agreement

Applicants that have included indirect costs in their budgets must include a copy of the current indirect cost rate agreement approved by the Department of Health and Human Services or another Federal agency. This is optional for applicants that have not included indirect costs in their budgets.

### Standard Form 424A - Sample Format

OMB Approval No. 0348-0044 BUDGET INFORMATION--Non-Construction Programs						
SECTION A-BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
Lifespan Respite	93.048			340,294	113,433	453,727
2.						
3.						
4.						
5.				340,294	113,433	453,727
TOTALS						
SECTION B-BUDGET CATEGORIES						
6. Object Class Categories	Grant Program, Function, or Activity				Total (5)	
	(1) Year 1	(2) Year 2	(3) Year 3	(4)		
a. Personnel	71,254	30,000	35,000		136,254	
b. Fringe Benefits	26,114	15,000	20,000		61,114	
c. Travel	7,647	5,000	5,000		17,647	
d. Equipment	10,000	0	0		10,000	
e. Supplies	9,460	2,500	1,000		12,960	
f. Contractual	30,171	0	0		30,171	
g. Construction	0	0	0			
h. Other	11,480	55,833	47,334		114,647	
i. Total Direct Charges (Sum 6a-h)	166,126	108,333	108,334		382,793	

OMB Approval No. 0348-0044 BUDGET INFORMATION--Non-Construction Programs					
j. Indirect Charges @	20,934	25,000	25,000		70,934
TOTALS (Sum 6i and j)	187,060	133,333	133,334		453,727
7. Program Income	None				

SECTION C-NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Lifespan Respite	80,866	32,547		113,433	
9.					
10.					
11.					
12. TOTALS (Sum of lines 8 and 11)	80,866	32,547		113,433	
SECTION D-FORECASTED CASH NEEDS					
13. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	140,294	20,000	50,000	20,000	50,294
	46,766	12,000	10,000	9,000	15,766
TOTAL (Sum of lines 13 and 14)					

SECTION E-BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	Future Funding Periods (Years)			
	(b) First	(c) Second	(d)	(e)
Life Span Respite	100,000	100,000		
17.				
18.				
19.				
20. TOTALS (Sum of lines 16-19)				
SECTION F-OTHER BUDGET INFORMATION				
21. Direct Charges		22. Indirect Charges		
23. Remarks				

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### Budget Narrative/Justification - Sample Format

NOTE: Applicants requesting funding for a multi-year grant program are REQUIRED to provide a detailed Budget Narrative/Justification for EACH potential year of grant funding requested.

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel	\$47,700	\$23,554	\$0	\$71,254	<b>Federal</b> Project Director (name) = .5 FTE @ \$95,401/yr = \$47,700  <b>Non-Fed Cash</b> Officer Manager (name) = .5FTE @ \$47,108/yr = <u>\$23,554</u>  <b>Total</b> 71,254
Fringe Benefits	\$17,482	\$8,632	\$0	\$26,114	<b>Federal</b> Fringe on Project Director at 36.65% = \$17,482 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%) <b>Non-Fed Cash</b> Fringe on Office Manager at 36.65% = \$8,632 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%)
Travel	\$4,707	\$2,940	\$0	\$7,647	<b>Federal</b> Local travel: 6 TA site visits for 1 person Mileage: 6RT @ .585 x 700 miles \$2,457 Lodging: 15 days @ \$110/day \$1,650 Per Diem: 15 days @ \$40/day \$600 <b>Total</b> \$4,707 <b>Non-Fed Cash</b>

					Travel to National Conference in (Destination) for 3 people Airfare 1 RT x 3 staff @ \$500 \$1,500 Lodging: 3 days x 3 staff @ \$120/day \$1,080 Per Diem: 3 days x 3 staff @ \$40/day <u>\$360</u> Total \$2,940
Equipment	\$10,000	\$0	\$0	\$10,000	No Equipment requested OR: Call Center Equipment Installation = \$5,000 Phones = <u>\$5,000</u> Total \$10,000
Supplies	\$3,700	\$5,670	\$0	\$9,460	<b>Federal</b> 2 desks @ \$1,500 \$3,000 2 chairs @ \$300 \$600 2 cabinets @ \$200 \$400 <b>Non-Fed Cash</b> 2 Laptop computers \$3,000 Printer cartridges @ \$50/month \$300 Consumable supplies (pens, paper, clips etc...) @ \$180/month <u>\$2,160</u> Total \$9,460
Contractual	\$30,171	\$0	\$0	\$30,171	(organization name, purpose of contract and estimated dollar amount) Contract with AAA to provide respite services: 11 care givers @ \$1,682 = \$18,502 Volunteer Coordinator = <u>\$11,669</u> Total \$30,171  <i>If contract details are unknown due to  contract yet to be made provide same  information listed above and:</i> A detailed evaluation plan and budget

					will be submitted by (date), when contract is made.
Other	\$5,600	\$0	\$5,880	\$11,480	<b>Federal</b> 2 consultants @ \$100/hr for 24.5 hours each = \$4,900 Printing 10,000 Brochures @ \$.05 = \$500 Local conference registration fee (name conference) = <u>\$200</u> Total \$5,600 <b>In-Kind</b> <b>Volunteers</b> 15 volunteers @ \$8/hr for 49 hours = \$5,880
Indirect Charges	\$20,934	\$0	\$0	\$20,934	21.5% of salaries and fringe = \$20,934 IDC rate is attached.
TOTAL	\$140,294	\$40,866	\$5,880	\$187,060	

#### Budget Narrative/Justification - Sample Template

NOTE: Applicants requesting funding for a multi-year grant program are REQUIRED to provide a detailed Budget Narrative/Justification for EACH potential year of grant funding requested.

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel					
Fringe Benefits					
Travel					
Equipment					
Supplies					
Contractual					
Other					
Indirect Charges					
TOTAL					

#### Project Work Plan - Sample Template

NOTE : Applicants requesting funding for a multi-year grant program are REQUIRED to provide a Project Work Plan for EACH potential year of grant funding requested.

Goal:

Measurable Outcome(s):

\* Time Frame (Start/End Dates by Month in Project Cycle)

Major Objectives	Key Tasks	Lead Person	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*
1.														
2.														

3.																	
4.																	
5.																	
6.																	

NOTE: Please do not infer from this sample format that your work plan must have 6 major objectives. If you need more pages, simply repeat this format on additional pages.

**Instructions for Completing the Project Summary/Abstract**

- All applications for grant funding must include a Summary/Abstract that concisely describes the proposed project. It should be written for the general public.
- To ensure uniformity, limit the length to 265 words or less, on a single page with a font size of not less than 11, doubled-spaced.
- The abstract must include the project’s goal(s), objectives, overall approach (including target population and significant partnerships), anticipated outcomes, products, and duration. The following are very simple descriptions of these terms, and a sample Compendium abstract.

**Goal(s)** – broad, overall purpose, usually in a mission statement, i.e. what you want to do, where you want to be.

**Objective(s)** – narrow, more specific, identifiable or measurable steps toward a goal. Part of the planning process or sequence (the “how”) to attain the goal(s).

**Outcomes** - measurable results of a project. Positive benefits or negative changes, or measurable characteristics that occur as a result of an organization’s or program’s activities. (Outcomes are the end-point)

**Products** – materials, deliverables.

- A model abstract/summary is provided below:

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), in **partnership** with the Delaware Lifespan Respite Care Network (DLRCN) and key stakeholders will, in the course of this two-year project, expand and maintain a statewide coordinated lifespan respite system that builds on the infrastructure currently in place. The **goal** of this project is to improve the delivery and quality of respite services available to families across age and disability spectrums by expanding and coordinating existing respite systems in Delaware. The **objectives** are: 1) to improve lifespan respite infrastructure; 2) to improve the provision of information and awareness about respite service; 3) to streamline access to respite services through the Delaware ADRC; 4) to increase availability of respite

services. Anticipated **outcomes** include: 1) families and caregivers of all ages and disabilities will have greater options for choosing a respite provider; 2) providers will demonstrate increased ability to provide specialized respite care; 3) families will have streamlined access to information and satisfaction with respite services; 4) respite care will be provided using a variety of existing funding sources and 5) a sustainability plan will be developed to support the project in the future. The expected **products** are marketing and outreach materials, caregiver training, respite worker training, a Respite Online searchable database, two new Caregiver Resource Centers (CRC), an annual Respite Summit, a respite voucher program and 24/7 telephone information and referral services.